

**Ryan White Part B
HIV Case Management
(Medical and Non-Medical)**

STANDARDS OF SERVICE

**Virginia Department of Health
Division of Disease Prevention
HIV Care Services**

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INTRODUCTION

The Virginia Department of Health (VDH), Division of Disease Prevention (DDP), HIV Care Services (HCS) Unit, convened an HIV case management task force in 2013-2014 to revise and update the model of Ryan White (RW) Part B-funded HIV case management being delivered in Virginia. The goals of the task force were to:

1. Improve the quality and effectiveness of the HIV case management services (both medical and non-medical) funded by VDH HCS.
2. Align the HIV case management activities provided with the changing needs of People Living with HIV/AIDS (PLWHA) as HIV disease becomes a more manageable chronic disease.
3. Improve the communication between the HIV Case Manager and the client's health care provider to encourage access to and successful adherence with medical treatment.
4. Create a model that complies with the federal RW legislative requirements to provide Medical Case Management (MCM) and meets the goals of the National HIV/AIDS Strategy.
5. Align HIV MCM with potentially billable services under the Patient Safety and Affordable Care Act (ACA) if applicable, if nursing staff is available.
6. Provide greater access to expertise in key areas of client need: (a) assessment and interventions for treatment adherence, oral health, nutrition and liver health/Hepatitis C disease management; (b) benefits counseling; (c) chronic disease management/self-management training; (d) behavioral healthcare; and (e) supportive services information, referral and access coordination.
7. Develop standards of care and standardized forms for the improved HIV case management model.

HIV CASE MANAGEMENT MISSION, VISION and GOALS

Mission:

The mission of the Virginia RW Part B HIV case management program is to coordinate culturally competent medical and support services that enable PLWHA in Virginia to navigate complex health and human service systems to successfully access and adhere to medical treatment, resulting in increased sustained self-sufficiency and improved health outcomes and quality of life.

Vision:

The vision of Virginia's RW Part B HIV case management program is that all PLWHA across the Commonwealth will have access to quality medical care and necessary support services, free from stigma and discrimination. This will result in optimal health outcomes, lower morbidity, reduced HIV transmission, and cost savings to the Virginia health system.

The **GOALS** of Virginia's RW Part B HIV case management program are to:

- Develop a resource and referral network of medical, healthcare and supportive services;
- Identify client needs and eligibility through a client-centered assessment process;

- Educate clients about HIV disease processes, treatment adherence, chronic disease management and service availability;
- In collaboration with the client, develop a plan to help overcome the barriers to accessing medical care;
- Empower clients to navigate the health system to the best of their ability;
- Advocate for client access to medical and supportive services;
- Provide culturally competent services;
- Promote chronic disease self-management training and skills building; and
- Provide cost-effective services that reduce the costs to the health care system including reduced emergency room (ER) visits and hospitalization rates.

STANDARDS OF SERVICE PURPOSE

VDH's RW Part B HIV Case Management Standards of Service describes the minimum standards of care that are essential in meeting the needs of PLWHA. These standards apply to programs providing RW Part B-funded HIV case management services in Virginia, and others are welcome to use this document or its parts. These are the minimum standards and providers are encouraged to exceed these standards in regards to quality of care.

Agencies providing Part B-funded HIV case management services in the Commonwealth of Virginia provide services under a broad spectrum of service delivery models, including rural community-based organizational models and hospital-based settings. These standards provide a framework of quality HIV case management that may be delivered with variation in actual services provided. The model is a (1) client-centered, (2) multi-disciplinary approach for (3) chronic disease management. Please see *Appendix C* for more details about these concepts.

VDH will allow 12 months from the effective date of the standards, September 1, 2015, for agencies to implement and comply with standards during which time trainings will be offered throughout the state while agencies work toward compliance. Ongoing development and review of this document is maintained through collaboration with Case Managers, agencies, and policymakers to ensure these standards of service meet the needs of PLWHA.

THE RW PART B HIV CASE MANAGEMENT MODEL IN VIRGINIA

The RW Part B-funded HIV case management model in Virginia provides MCM and Non-Medical Case Management (NMCM) services as part of an HIV Case Management team that recognizes the need for three distinct areas of expertise:

1. Eligibility determination/benefits counseling/helping clients access medical treatment payers and benefits programs;
2. Psychosocial service coordination/behavioral health coordination and management; and
3. Medical care and treatment engagement.

Under this model:

- The Eligibility/Intake Specialist provides NMCM and is responsible for all eligibility determination activities, enrollment/re-enrollment, and assistance with determining

eligibility for other benefits. The Eligibility/Intake Specialist also is responsible for performing an assessment of the client's need for MCM as part of the intake/eligibility determination process. If the Medical Case Manager performs the intake, the units are to be recorded as NMCM units in the database.

- The Medical Case Manager is responsible for assisting the client to manage his/her disease specifically related to the medical treatment plan from the client's medical providers, supporting optimal treatment adherence. The Medical Case Manager is also responsible for all behavioral health coordination and management, supportive services coordination and for assisting the client to successfully engage in medical care.

These Standards are intended to provide direction to the practice of RW Part B-funded HIV case management in the Commonwealth of Virginia. They are also intended to provide a framework for evaluating the practice of HIV case management and to define the professional accountability of the Medical Case Manager to both the client and the public.

Each of the following sections defines the STANDARDS, including the criteria to be used to measure compliance with the standard, the PURPOSE of the activity, and the PROCESS or step-by-step method to conduct the activity. Where appropriate, a list of the appropriate DOCUMENTATION required is also included.

MEDICAL CASE MANAGER ROLES AND RESPONSIBILITIES

Medical Case Managers may be social workers, nurses or any similar professional with related health and human service experience. Medical Case Managers focus on medical and behavioral needs of clients (mental health, substance use, HIV risk reduction and self-management skills building) and access to needed supportive services in order to assist the client to successfully adhere to their HIV treatment program. Medical Case Managers participating on a multidisciplinary team work in partnership with the other professionals to assess the needs of the client, the client's family, and support systems to develop an individualized client Service Plan. Medical Case Managers also arrange, coordinate, monitor, evaluate, and advocate for a comprehensive package of services to meet the specific client's complex needs.

Functional roles of the Medical Case Manager:

- Face-to-face assessment and re-assessment (including assessment of adherence to treatment);
- Development of a comprehensive, individualized Service Plan;
- Coordination of the services and activities required in implementing the Service Plan;
- Case conferencing with other members of the HIV treatment team as appropriate, if warranted, and as required by acuity level;
- Monitoring of HIV medication therapy to include education of client concerning risks and side effects, monitoring client adherence and tolerance of medications;
- Reviewing and monitoring CD4 and viral load (VL) lab values, to include making sure the most current CD4 and VL lab values are recorded in the client file/database;
- Client education about HIV, its transmission, complications, risk reduction and education;

- Active linkages of client to appropriate agencies required to assist the client in achieving the goals and objectives identified in his/her Service Plan;
- Insurance and entitlement education, navigation and enrollment support;
- Client monitoring to assess the efficacy of the Service Plan;
- Periodic re-evaluation and revision of the Service Plan as necessary according to acuity level over the life of the client;
- Client-specific advocacy (i.e. with a landlord, medical team, substance use counselor, etc.);
- Review of client utilization of services;
- Outreach and case finding activities (for existing MCM clients if there is no Early Intervention funding in the funded area)
- Treatment adherence support;
- Transfer and inactivation processes; and
- Documentation in progress notes, on the required forms and in the required database.

MEDICAL CASE MANAGER EDUCATION REQUIREMENTS AND TRAINING

1. The minimum education and/or experience requirements for Medical Case Managers are:
 - a. Bachelor of Social Work (BSW) (Masters of Social Work [MSW] and licensure preferred), or other related health or human service degree from an accredited college or university, or;
 - b. Current Virginia licensed Registered Nurse (RN) with additional Association of Nurses in AIDS Care (ANAC) Certification preferred, or;
 - c. Related experience for a period of two years, regardless of academic preparation.
2. If licensed, a copy of the most current Virginia license must be kept in the Medical Case Manager's personnel file.
3. All Medical Case Managers must complete a minimum training regimen within one year of their hire date that includes: (a) HIV Case Management Standards, (b) training in HIV 101 to include HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, (c) cultural competency and (d) AIDS Drug Assistance Program (ADAP)/Insurance training. If newly hired Medical Case Managers have previously obtained all of the required training, they do not need to repeat it. Documentation of completion of required trainings must be kept in the Medical Case Manager's personnel file.
4. All Medical Case Managers, except Virginia Licensed Clinical Social Worker (LCSW) or nationally Certified Case Manager (CCM) must complete a VDH-approved basic case management training program within one year of their hire date. Documentation of completion of this training must be kept in the Medical Case Manager's personnel file. Mid-Atlantic AIDS Training Center (MAAETC) and Virginia HIV/AIDS Research and Consultation Center (VHARCC) offer a variety of trainings and consultation services. More information can be found at: <http://www.pamaaetc.org> and <http://www.VHARCC.com>
5. All Medical Case Managers must complete at least 12 hours of continuing education in HIV/AIDS each year. Appropriate continuing education opportunities will be identified by Case Managers. Documentation of completion of continuing education must be kept in the Medical Case Manager's personnel file. See appendix for an illustrative documentation

form.

ELIGIBILITY/INTAKE SPECIALIST OR NON-MEDICAL CASE MANAGER ROLES AND RESPONSIBILITIES

The Eligibility/Intake Specialist meets with potential clients to determine clients' eligibility for RW-funded services and, if deemed eligible, assists the client to complete the appropriate paperwork. Specialists also assist clients to access benefits programs such as Medicaid, Social Security Insurance (SSI), Social Security Disability Insurance (SSDI), Medicare, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and other services. The Case Manager assigned to the client should be informed for additional follow-up purposes. If the client is deemed ineligible for any of the above programs, the Specialist refers the client to available community resources. The Eligibility/Intake Specialist is responsible for completing eligibility determination and case management intakes for callers and prospective clients with HIV disease.

Functional Roles of the Eligibility/Intake Specialist:

- Determine client eligibility for various RW funded services (including MCM and the Virginia ADAP and other community resources)
- Obtain proper documentation for proof of HIV status, residency information, proof of income, and uninsured or underinsured status as part of the Ryan White Part B for initial and recertification eligibility determinations.
- Conduct client intake interview(s) and complete intake application and all required forms
- Schedule MCM Assessment appointment
- Provide orientation to the clinic operations for new clients
- Perform the six-month eligibility review and recertification and obtain necessary documents as identified in the NMCM standards
- Maintain documentation and program notes in the client records according to VDH requirements and NMCM standards
- Complete client data entry into VDH's client-level database
- Coordinate with Outreach, Patient/Peer Navigation, and Virginia Department of Health (VDH) Care Coordination staff to facilitate access to care or referral to re-engage out-of-care clients
- Coordinate eligibility and intake services with community agencies, hospitals, and physician practices to assist clients to access services
- Maintain current information on all frequently used community resources, as needed, and provide to clients who need identification of new resources.

ELIGIBILITY/INTAKE SPECIALIST EDUCATION REQUIREMENTS AND TRAINING

- 1) High school (HS) diploma or General Education Development (GED) and one year of experience working with persons living with HIV and/or health care training for example certified medical assistance, medical clerk.
- 2) All Non-Medical Case Manager/Eligibility/Intake Specialists complete a minimum training regimen within one year of hire date that includes: (a) ADAP requirements and application,

(b) Medicaid, Medicare, SSI, SSDI, (c) VDH's HIV Case Management standards (d) cultural competency, and (e) Ryan White eligibility. If newly-hired Non-Medical Case Manager/Eligibility/Intake Specialists have previously obtained all of the required training, they do not need to repeat it. Documentation of completion of required trainings must be kept in the Non-Medical Case Manager/Eligibility/Intake Specialist's personnel file.

- 3) Five hours of continuing education in HIV/AIDS is required annually. Ongoing training on changes to benefit program and their eligibility, such as Medicare, Medicaid, SSI, SSDI, Ryan White etc. is also required annually. Documentation of completion of required trainings must be kept in the Non-Medical Case Manager/Eligibility/Intake Specialist's personnel file.

HIV CASE MANAGEMENT STANDARDS

1.0 INTAKE

In some agencies, Case Managers also conduct an intake, which also includes eligibility determination. Some agencies utilize a Non-Medical Case Manager/Eligibility/Intake Specialist, or other staff to perform these duties. This activity is typically recorded as NMCM.

Standard	Measure
1.1 All prospective clients who contact the agency will talk with a Non-Medical Case Manager/Eligibility/Intake Specialist within three business days of the initial client contact.	1.1 First Contact documentation completed by each agency.
1.2 Each prospective client scheduled for an intake appointment will be informed verbally and, whenever possible, in writing of date and time of intake appointment and what documents should be brought to appointment.	1.2 Dated in medical record the conversation regarding date and time of client's intake appointment and required documentations needed to be brought to appointment Should indicate how it was communicated
1.3 Each prospective client who is referred or who requests RW Part B-funded (and other parts where appropriate) services will receive a comprehensive in-person intake. The intake must be completed within 10 business days of the first contact for clients (see 1.4 below) and will include at least the completion of an Eligibility/Intake Review Form* (varies by agency) and gathering of required documents. The official intake date will be the date the intake process was initiated.	1.3 Completed and dated Eligibility/Intake Review Form, within 10 business days of first client contact, and required documentation as outlined in Eligibility section below.
1.4 The intake process will be expedited for clients who are newly diagnosed, pregnant, or recently released from incarceration.	1.4 Completed and dated Eligibility/Intake Review Form.

1.5 If the intake completion is delayed because of missing documents during the 30-day calendar period, the Non-Medical Case Manager/Eligibility/Intake Specialist must notify the client at least three times about what documents are missing. These three contacts will occur on different days and can be by phone, person, and/or mail over the 30-day calendar period. The final notification must be in writing and include information that the client's file will be closed if the missing documentation is not timely provided.	1.5 File client progress notes and a copy of the final written notification (if applicable).
1.6 RW eligibility (including income, # in household, verification of HIV + status, Virginia residency and uninsured /underinsured status) must be reviewed and recertified every six months .	1.6 Completed and dated Eligibility and Recertification Determination Form. Note: Clients who do not have these documents in their files will be considered officially ineligible for ANY Ryan White Service.
1.7 Every client who completes the intake process will have: <ul style="list-style-type: none"> a. A signed and dated Informed Consent* b. A copy of the agency's Grievance Procedures* c. A copy of the agency's Confidentiality Statement* d. A signed and dated Release of Information (ROI)* form e. A copy of the Client Rights and Responsibilities* 	1.7 Copy of signed and dated Informed Consent and ROI forms in client file. Copy of client signature on Documents Received form to denote receipt (form varies by agency).
1.8 If the client answers "yes" to any of the questions in the MCM Referral section of the Eligibility/Intake Review Form the client must be referred to MCM within two working days after the completion of the intake process.	1.8 Documentation on the Eligibility/Intake Review Form and in the progress notes.
1.9 There must be at least one progress note for each client encounter regardless of whether the encounter was directly with the client or on behalf of the client. The progress note must match the data entered into the database in terms of date, service, and units of service delivered.	1.9 Progress notes in the client file matched to the service entries in the database.

* Forms may be developed by agencies that meet their agencies' internal requirements.

Samples forms are located at:

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS/CaseManagement.htm>

Purpose of the Intake

The intake process gathers information necessary to determine a client's eligibility for benefit

programs and refers clients to Case Management. The Non-Medical Case Manager/Eligibility/Intake Specialist is the first contact for new clients and plays an important role in educating the client about the HIV Case Management or other benefit programs, as well as how a client can successfully navigate the process. For new clients, the Non-Medical Case Manager/Eligibility/Intake Specialist orients the client to the HIV Case Management or other benefit programs, conducts the initial intake, and schedules the MCM Assessment (if referral to MCM is made). In some agencies where Medical Case Manager performs the intake and the Assessment, these can be completed on the same day. For existing clients the Non-Medical Case Manager/Eligibility/Intake Specialist conducts the six-month eligibility review and documents outcomes.

Process

The Standards provide a step-by-step process for conducting an intake and determining eligibility for services. The process steps below provide additional information in implementing these roles.

1. Some clients may need immediate assistance from a Medical Case Manager. The client will be referred immediately to a Medical Case Manager for assistance if the following applies:
 - a. The client is taking medication but the supply will run out within the next seven days.
 - b. The client states that he/she may be a danger to himself/herself or others. In this event, the Case Manager and/or Non-Medical Case Manager/Eligibility/Intake Specialist should immediately initiate their agency emergency crisis protocol. Additional information on Suicide and Threat Management should be found in their agency's emergency crisis protocol and must be reviewed annually. In these cases, the Non-Medical Case Manager/Eligibility/Intake Specialist must complete the intake process after assisting the client to receive the needed services.
2. Clients must be informed of their right to confidentiality and the law regarding this for the professional staff participating on the HIV Case Management team. It is important not to assume that anyone - even a client's partner/spouse or other family member - knows that the client is HIV-positive. The Non-Medical Case Manager/Eligibility/Intake Specialist should discuss with the client how he or she prefers to be contacted (at home, work, by mail, code word on the telephone, etc.). When trying to contact the client (phone calls, letters, etc.), Case Management staff should identify themselves only by name and never give an organizational affiliation that would imply that the client has a particular health status or receives Ryan White or other services.
3. Many of the programs and services available to assist clients have income eligibility requirements. Therefore, an important part of the intake process is determining the income level of clients and number of family members in the household. This documentation will be necessary for the client to access other programs, including Part B-funded support services managed both by local community-based organizations, by other RW service providers, and by VDH.
4. The Case Management Agency shall develop an Eligibility/Intake Form that includes questions to assess whether a client should be referred to MCM Services. As stated in the Standards,

clients shall be referred to MCM services within two working days if they answer “yes” to the referral questions.

5. RW Part B eligibility will be determined according to the current “**HIV Care Services Contractor Guidelines**” under Standards and Review Documents link at the following address: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS/>

Documentation

- a. Complete and dated Eligibility Intake Review Form
- b. Signed Informed Consent Form
- c. Signed ROI Form
- d. Agency-specific Grievance Procedure and Confidentiality Statement
- e. Agency Client Rights and Responsibilities document
- f. Client Eligibility Determination and Eligibility Recertification Record with documentation (reviewed under the Peer review Universal Administration Standard)
- g. Referrals: If a client needs a referral to another provider agency, the Non-Medical Case Manager/Eligibility/Intake Specialist will make the appropriate referrals and document them in the progress notes.
- h. Progress Notes**

** Progress Notes: Progress notes are a section in a client’s chart or record where HIV Case Management team members document all client interactions, including direct client interactions and roles undertaken on behalf of a client. The documentation serves as a legal record of events during a client’s participation in the service. It also allows Case Management team members to compare past status to current status, communicates findings and plans, and can be used to support invoicing for services. Progress notes should be updated within 48 hours of encounter or action, note the type of encounter (in-person, telephone, mail, etc.), and must be signed with case manager’s full name and title (or according to agency’s electronic medical record protocol).

2.0 MEDICAL CASE MANAGEMENT ASSESSMENT

Standard	Measure
1.1 Each MCM client will participate in at least one face-to-face interview to assess their needs, at a minimum of every 12 months while they are in active HIV case management. Initial Assessment will be completed within 30 days of intake. Re-assessments will occur according to acuity level assigned.	2.1 Completed and dated MCM Assessment Form* within past 12 months. Initial Assessment signed and dated within 30 days of intake.
2.2 The key findings of the MCM Assessment must be briefly summarized at the end of the MCM Assessment form.	2.2 A brief summary of the findings noted on last page of the MCM Assessment form.
2.3 Treatment Adherence must be assessed, and	2.3 Documentation on the

if identified as a need, included in the Service Plan.*	MCM Assessment Form* and in the Service Plan if indicated as a need.
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* Forms may be developed by agencies that meet their agencies' internal requirements. Sample forms are located at:

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS/CaseManagement.htm>

Purpose of the Assessment

The MCM Assessment is an information gathering process which includes a face-to-face interview between a client and Medical Case Manager that allows for the acquisition of secondary data from health and human services professionals and other individuals. It is a cooperative and interactive process during which a client and Medical Case Manager collect, analyze, synthesize, and prioritize information which identifies client needs, resources, and strengths, for purposes of developing a Service Plan to address the needs identified.

Clients are assessed annually to evaluate progress, identify unresolved and/or emerging needs, guide appropriate revisions in the Service Plan, and inform decisions regarding discharge from HIV case management services and/or transition to other appropriate services. Assessment should also be conducted in the event of significant changes in the client's life.

Areas of Assessment:

1. The extent and nature of client needs.
2. The capacity of the client to meet personal needs.
3. The capacity of the client's support network to address client needs.
4. The capacity of available human services agencies/organizations to address client needs.

Assessment is directed at reaching a mutual agreement between the client and the Medical Case Manager concerning priority needs and client strengths and limitations.

Process

1. If the MCM Assessment were not completed or scheduled during the intake process, the client is contacted to schedule an appointment for the Assessment. The Assessment is conducted in face-to-face meeting(s) between the client and Medical Case Manager. Home visits are encouraged for clients who either have difficulty accessing the case management agency or where visiting the client's home would assist in the identification of need. A protocol should be in place within your agency regarding home visits that includes safety measures, standard rules, and privacy.
2. Assessments should be completed within 30 days from the intake date. Documentation of any delays in completing the MCM Assessment must be included in the progress notes.
3. The Assessment is conducted by a Medical Case Manager and is performed in accordance with the Virginia HIV Case Management Standards and any written policies and procedures established by each respective agency, especially those related to confidentiality requirements and confidential meeting location. The Assessment is documented on the MCM Assessment Form. The Assessment process utilizes an Acuity Scale to assist in summarizing the results of the assessment.
4. The process of identifying client needs and strengths should be a participatory activity that

involves client self-assessment and supports client self-determination. Equally-important is the ongoing collaboration between the Medical Case Manager and other health and human service providers and individuals involved with the client. Case conferencing with the medical treatment team and consultation with other agencies providing services to the client should be an ongoing activity of case management and appropriate documentation of these activities should be included in a consistent way in the progress notes.

5. Adherence to medical and medication treatment must be assessed, and if identified as a need, be included in the Service Plan.
6. Client needs are systematically screened and documented. This involves the active participation of the client, health and human services professional, and other individuals, as agreed to by the client. Client needs should be identified in the following areas (items included on Assessment):
 - a. Health status and history of HIV/AIDS complications and treatments, including adherence concerns/issues;
 - b. Health literacy;
 - c. Current medications and side effects;
 - d. Income (including benefits issued through Social Security or other sources);
 - e. Health coverage benefits and ability to use those benefits (health insurance, Medicaid, Medicare, veterans' benefits, eligibility for ACA services) or participation in clinical trials;
 - f. Housing/shelter (residential support, adaptive equipment and assistance with decision making);
 - g. Employment;
 - h. Educational status/literacy, primary language read and spoken, prognosis for employment, educational/vocational needs, appropriateness and/or availability of educational, rehabilitation and vocational programs;
 - i. Mental health and emotional status;
 - j. History of violence and abuse;
 - k. Cultural, ethnic, racial background, spirituality and religion;
 - l. Communication skills, language literacy, and/or translation requirements;
 - m. Social relationships and support (informal care givers, formal service providers, significant issues in relationships, and social environments);
 - n. Client's physical environment, as well as ability to meet activities of daily living;
 - o. Recreation and leisure;
 - p. Transportation;
 - q. Legal status, if appropriate (guardian relationships, child custody, pending court dates, criminal history and other involvement with the legal system);
 - r. Knowledge of HIV disease transmission and risk reduction strategies;
 - s. Accessibility of health and community resources which the client needs or wants;
 - t. Assessment of alcohol, tobacco, and other drug use; and
 - u. Knowledge of legal rights and responsibilities, including living will, health care power of attorney or durable power of attorney options.

Documentation

- a. A completed MCM Assessment Form (including Acuity Scale) that is signed and dated

- by the MCM and the client.
- b. A brief summary of the findings at the end of the Assessment Form.
- c. Progress notes.

3.0 ACUITY SCALE

Standard	Measure
3. a. Each MCM client will have an Acuity Scale completed and documented, reflecting their current Acuity level.	3.a.b. Completed and dated Acuity Scale, signed by the MCM and the client on the date of completion.
3.b. Every active client will have his or her Acuity Scale updated as frequently as indicated in each Acuity level according to level 1, 2, or 3.	

Purpose of the Acuity Scale

Virginia's RW Part B HIV case management program strives to provide the greatest level of support to clients with the greatest need. A three-stage Acuity Scale is used as an additional part of the MCM Assessment process and is completed after the intake and MCM Assessment are complete. The Acuity Scale:

- Is a tool for the Medical Case Manager to use, which complements the MCM Assessment to determine the level of case management needed;
- Is intended to provide a framework for documenting important assessment elements and for standardizing key questions that should be asked as part of a professional assessment;
- Helps provide consistency from client to client and is a tool to assist in an objective assessment of a client's need, thereby minimizing inherent subjective bias;
- Helps develop priority need areas to be addressed in the Service Plan.

Instructions for use of the Acuity Scale – Acuity Scale adapted from the following link:

<http://www.bphc.org/whatwedo/infectious-diseases/Ryan-White-HIV-AIDS-Services/Documents/Acuity%20Toolkit.pdf>

1. Interview the client following the Intake and Assessment/Re-Assessment Standards.
2. Review all pertinent client documents, secondary assessments done by other professionals, and any relevant information available about the client's needs.
3. Check the appropriate indicators in each Life Area on the Acuity Scale.

4. An Acuity Level for each Life Area is assigned using professional judgment. If there are indicators that are potentially disabling to a client such as: newly diagnosed, pregnant, currently homeless, recently released from correctional facility, a higher level will be assigned to that Life Area so that higher levels of program support may be provided to stabilize the client. Use of professional judgment is used to determine the appropriate level of program support/services.
5. The score is assigned based on the number criteria checked in each Acuity Level. Multiply the number of criteria checked in each Acuity Level by the number of the Acuity Level. For example, if three criteria are checked in Acuity Level 2, then the score at the bottom of Acuity Level 2 is "6" (2 x 3).
6. **Please note:** The following criteria, at a minimum, will result in an automatic Acuity Level 3, during the first 90 days of service: (a) released from a correctional facility within the past 90 days, (b) diagnosed with HIV in the last 180 days, (c) pregnant and (d) homeless. This will ensure that the client receives the additional amount of case management service that may be warranted.
7. Clients who score a "13" or less are considered Level 1 and may receive services through a Medical Case Manager as needed, and as mutually agreed upon by the Medical Case Manager and the client (for example, periodic transportation or medication assistance services). A Service Plan is not needed. Acuity should be reassessed if clients are requesting assistance more frequently than their initially-assessed need might indicate.
8. Total the points at the end of Acuity Scale. Assign appropriate program support activities.

The Acuity Level Guidelines:

The following criteria, at a minimum, will result in an automatic Acuity Level 3, during the first 90 days of service: (a) release from a correctional facility within the past 90 days, (b) diagnosed with HIV in the last 180 days, (c) pregnant or (d) currently homeless. This will ensure that the client receives the additional amount of case management service that may be warranted.

Level 1 0-13 points = low	<ul style="list-style-type: none"> • Initial Assessment and Acuity • Minimum contact annually • Reassessed annually • Documentation in progress notes • Reassess Acuity annually unless client situation changes or if service requests become frequent
Level 2 14-25 points = medium	<ul style="list-style-type: none"> • Initial Assessment and Acuity • Annual Re-Assessment • Assess Acuity every 6 months • Minimum contact (telephone or face-to-face) every six months to verify address/phone number, to check on client's current status • Service Plan update every 6 months • Documentation in progress notes
Level 3	<ul style="list-style-type: none"> • Initial Assessment & Acuity

26-40 points = high/urgent	<ul style="list-style-type: none"> • Minimum Re-Assessment every 6 months • Minimum contact (telephone or face-to-face) every 30 days • Service Plan updated minimum every 3 months • Acuity updated minimum every 3 months • Documentation in progress notes
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This Acuity Scale adapted from the following link: <http://www.bphc.org/whatwedo/infectious-diseases/Ryan-White-HIV-AIDS-Services/Documents/Acuity%20Toolkit.pdf>

Documentation

- a. A completed Acuity Scale (included with Assessment) that is signed and dated.
- b. Progress notes

4.0 MEDICAL CASE MANAGEMENT SERVICE PLANNING

Standard	Measure
4.1 After completion of the MCM Assessment, every client (except those with an Acuity Score of 13) will participate in the development of a Service Plan that must be completed within 45 calendar days from the completion of the Assessment. If the Service Plan is not completed within this time frame, documentation that explains the delay must be included in the progress notes in the client file.	4.1 Completed and dated Service Plan in the client file to include both client and MCM signatures within 45 days of the Assessment.
4.2 The Service Plan will reflect that the client was included in the development of the Service Plan. The Service Plan will include area for notation as to whether or not the client was offered and received a copy of the Service Plan.	4.2 Notation in the progress notes that Service Plan was developed. Notation on Service Plan whether the client received a copy.

Purpose of Assessment-Based Planning

For the most efficient use of time and for effective outcomes to occur, there must be a clear plan that directs the activities of the client and Medical Case Manager. This plan becomes the basis for evaluating what services were provided and whether they achieved the desired outcomes. Once the Medical Case Manager has gathered sufficient information from the intake and assessment and has identified the priority needs areas, this information will form the basis of Service Planning.

Client Involvement in Planning

Service Planning provides the basis from which the Medical Case Manager and the client work

together, as partners, to access the resources and services which will enhance the client's quality of life and his or her ability to cope with the complexity of living with HIV. The client plays a vital role in the process of developing a plan of care. The process supports client self-determination and self-management of a chronic disease whenever possible and empowers a client to actively participate in the planning and delivery of services.

When developing a Service Plan, it is necessary have concurrence on expected responsibilities and have an agreement on the tasks assignments to be completed by the Medical Case Manager and the client. Most clients will count on the Medical Case Manager to guide them through the health and human services system and to present options and help them develop contingency plans, should the initial efforts fail to produce the desired results. There should be ongoing and joint assessments of the appropriateness of the Plan.

Process

1. In an ongoing interactive process with the client, problems are identified and prioritized. Identified problems are addressed through a planning process that includes the mutual development of goals, assigned activities and reporting outcomes. The MCM Service Plan Form should contain the following:
 - Identification of problems/primary barriers;
 - Prioritization of goals and issues;
 - Planning tasks and action steps to be completed to help a client meet his/her goals, Keeping in mind the client's ability to attain only one goal at a time and that goal should be attainable based on the client's perspective;
 - The name of the person who will be responsible for the assigned task: either the client, the Medical Case Manager, or both;
 - Documentation of the target date of tasks and goals;
 - The Task Completion Date to show when the task was completed;
 - The Service Plan signed and dated by the client and Medical Case Manager on the date it is developed; and
 - Documentation in the progress notes regarding completion of the plan and whether the client received a copy.

Documentation

- a. A completed Service Plan signed and dated by both the MCM and the client on the date it is developed.
- b. Progress notes.

5.0 SERVICE PLAN IMPLEMENTATION

Standard	Measure
5.1 The client and Medical Case Manager will work together to develop and meet Service Plan goals and move toward task	5.1 Update on goals and progress made on attaining goals in progress notes that

completion.	matches required time frames based on Acuity level.
5.2 Every active client will have his or her Service Plan updated as frequently as indicated by level of Acuity.	5.2 Completed and current Service Plan (according to Acuity level) in the client file.
5.3 Ongoing documentation of Service Plan activities related to goal completion status must be in the progress notes.	5.3 Progress notes to be completed within 48 hours.

Purpose of Service Plan Implementation

Activities related to Service Plan Implementation should be used as tools for helping the client resolve crises and to develop sustaining strategies to cope with his or her problems and service needs independently. This involves:

- evaluating the effectiveness and relevance of the plan;
- measuring client progress toward stated goals and activities; and
- revising the plan as needed (with minimum frequency according to Acuity level).

Process

1. The goals and activities developed during the planning process should be regularly reviewed to determine progress and whether any changes in the client's situation warrant a change in the Service Plan according to Acuity Level.
2. Case conferences with the client's medical team and other treatment teams (i.e., mental health treatment teams) can help ensure that all providers involved in a client's care and treatment work together to achieve the best mix of services, which also minimizes service duplication.
3. Clients and Medical Case Managers must at least maintain contact according to Acuity Level to build trust, communication, and rapport. Careful planning by the client and the Medical Case Manager can determine how often contact is needed to minimize crisis situations and to best meet the client's anticipated needs.
4. Clients should be encouraged to contact the Medical Case Manager when changes occur in their health condition, in social factors that impact their day-to-day living, or in their practical support systems.
5. Follow-up and monitoring activities can occur through direct contact (i.e. face-to-face meetings, telephone communication, texting, email, instant messaging) with the client or his or her representative.
6. Indirect contact regarding the client, with the client's family or caregiver, primary medical provider, service providers, and other professionals also provides information. This can happen through meetings, telephone contact regarding the client, written reports, and letters.

Documentation

- a. Implementation activities should be documented in the progress notes.
- b. A revised Service Plan must be completed according to Acuity Level.
- c. Documentation should include dates of follow-up, referral contacts, and specific activities.

6.0 DISCHARGE OR TRANSFER

Standard	Measure
6.1 A discharge summary (for all reasons) must be placed in each client's file within 30 days of discharge date.	6.1 Discharge summary in client file within 30 days of discharge date.
6.2 If client transfers to another case management agency, case management services are transferred to new agency within five business days of request.	6.2 Documentation in the progress notes of client file.
6.3 If client cannot be located: <ul style="list-style-type: none">a. The agency will make and document a minimum of 3 follow-up attempts over a 3-month period after first attempt.b. A certified letter must be mailed to the client's last known mailing address within five business days after the last phone attempt notifying the client of pending inactivation within 30 days from the date on the letter if the client does not make an appointment to re-screen.	<ul style="list-style-type: none">a. Documentation of attempted follow-up in progress notes.b. Copy of dated certified letter in client file.
6.4 If client is administratively discharged, a certified letter must be mailed to the client's last known mailing address within five business days of discharge, noting reason for discharge and possible alternative resources.	6.4 Copy of dated certified letter in client file.

Purpose

A client is considered active within the agency when he or she actively seeks and receives services and has been seen or contacted within the time frame required by the Acuity Scale. The client's case may be closed for a variety of reasons, including:

- 1. Client has satisfactorily met goals.
- 2. The client moves out of state.
- 3. The client decides to transfer to another agency.
- 4. The client withdraws from or refuses Case Management services, reports that services are no longer needed, or no longer participates in the Case Management plan.

5. The client can no longer be located.
6. The client becomes housed in an “institutional” program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program.
7. The client’s needs are more appropriately addressed in other programs.
8. The client exhibits a pattern of abuse as defined by agency’s policy.
9. The client is deceased.

Process for Discharge

1. Discharge from MCM should be discussed with the client. The discussion should include the reason(s) for discharge and explore options for other service provision, all of which should be documented. Whenever possible, the Case Manager should meet with the client in a face-to-face interview prior to discharge. If a face-to-face meeting is not possible, the Case Manager should attempt to talk with the client by phone. If no verbal contact is possible, the Case Manager must send a certified letter to the client’s last known address to notify the client of discharge and the certified letter must have a return receipt with client signature only. If the client is not present to sign the letter, it must be returned to the Case Manager.
2. A discharge summary for all closed cases must be placed in each client's file within 30 days of discharge date. This summary must include:
 - a. Client’s name
 - b. Date services began
 - c. Special client needs
 - d. Services needed/actions taken if applicable
 - e. Date of discharge
 - f. Reason(s) for discharge
 - g. Referrals made at time of discharge if applicable

Transfer:

If a client transfers to another location, agency, or service provider, (including a non-HIV/AIDS Case Manager), the Case Manager will provide a discharge summary and other requested records within five business days of request (or as soon as feasible). If a client moves to another area, the Case Manager will make a referral for case management services in the new location.

Unable to Locate:

If a client cannot be located, the case management agency will make and document a minimum of three follow-up attempts on three separate dates (by phone or in person) over a three-month period after first attempt. A certified letter must be mailed to the client’s last known mailing address within five business days after the last attempt to notify the client. The letter will state that the Case Management case will be closed within thirty (30) days from the date on the letter if the client does not make an appointment with the Case Manager.

Withdrawal from Service:

If a client reports that services are no longer needed or decides to no longer participate in the Service Plan, then the client may withdraw from services. Clients may decide to withdraw for a variety of reasons. It may be helpful to conduct an exit interview to ensure reasons for withdrawal

are understood, or to better identify factors that are interfering with the client's ability to fully participate if services are still needed. If other issues are identified that cannot be managed by the case management agency, Case Managers are encouraged to refer these clients to agencies which are skilled in providing the needed services.

Administrative Discharge:

Clients who engage in behavior that abuses the safety or violates the confidentiality of others may be discharged. Prior to discharging a client for this reason, the case must be reviewed by the Case Manager's supervisor according to that agency's policies. Clients who are discharged for administrative reasons must be provided written notification of and reason for the discharge, and must be notified of possible alternative resources. A certified letter that notes the reason for discharge and includes alternative resources must be mailed to the client's last known mailing address within five business days after the date of discharge, and a copy must be filed in the client's chart.

Documentation

- a. A discharge summary must be placed in each client's file within 30 days of discharge.
- b. A copy of a certified letter informing client of discharge must be placed in each client's file.
- c. Progress notes.

APPENDIX A: DEFINITIONS

DEFINITIONS:

Advocacy: The act of assisting someone in obtaining needed goods, services or benefits, (such as medical, social, community, legal, financial, and other needed services), especially when the individual has had difficulty obtaining them on his or her own. Advocacy does not involve coordination and follow-up on medical treatments and should not be confused with an appropriate Nursing intervention. Whenever possible, advocacy should build upon, rather than fragment, agency cooperation and collaboration.

Americans with Disabilities Act (ADA): A civil rights law passed by the U.S. Congress in July of 1990 to protect people with disabilities from discrimination in public and private services and accommodations. Since HIV disease is considered a disability, the ADA protections apply to PLWHA.

Broker: To act as an intermediary or negotiate on behalf of a client.

Client Record: A collection of printed or computerized information regarding a person using services currently or in the recent past.

Confidentiality: The process of keeping private information private. Information given by a client to a service provider will be protected and will not be released to a third party without the explicit written permission of the client or his or her representative. Information may be released only in the following circumstances: (1) When a written release of information is signed by the client; (2) When there is a clear medical emergency; (3) When there is a clear and imminent danger to the client, Medical Case Manager or others; (4) Where there is possible child or elder abuse; and (5) When ordered by a court of law.

Criteria: A standard, rule, or test on which a judgment or decision can be based.

Cultural Competency: Refers to whether service providers and others can accommodate language, values, beliefs, and behaviors of individuals and groups they serve.

Demographic Information: Descriptive information for an individual that may include but is not limited to, age, race, ethnicity, and gender. This information provides a profile of people receiving services from a specific agency.

Emotional Support: The ability of the Medical Case Manager to listen and empathize is the essence of emotional support in the care coordination relationship. In cultivating a trusting relationship, it is important for the Medical Case Manager to strike a balance between the empathetic role--utilizing active listening skills, developing rapport, and providing emotional support--and the objective role which requires engaging and encouraging the client toward concrete actions to achieve a desired outcome. Because HIV case management is often defined as a task-oriented process, we tend to focus on the "doing" of tasks with the client, and forget the importance of "being present." Being truly available to offer emotional support is particularly important in situations where the resources to meet the needs of the client are not available.

Grievance: A real or imaginary wrong causing resentment and regarded as grounds for complaint.

HIV Disease Health Education/Risk Reduction: Activities that include information dissemination about methods to reduce the spread of HIV, HIV disease progression, and the benefits of medical and psychosocial support services. This activity does not include medication or treatment information that is part of Adherence activities.

Health Insurance Portability and Accountability Act (HIPAA): The first comprehensive federal protection of patient privacy passed by the U.S. Congress in 1996. HIPAA sets national standards to protect personal health information, standardize the way it's used, and make health insurance more portable for the public. Key provisions include: (1) guaranteed access for clients' to their medical records; (2) the ability of the client to limit the information that entities like VDH and its contractors can disclose; (3) the ability of the client to review their medical records for accuracy and to request changes; and (4) allows health information to be disclosed without authorization for certain national priority purposes, such as research or public health disease outbreaks.

May: Permissive, but not to be interpreted as an enforceable requirement.

Must: Indicates condition, action, etc., as mandatory and enforceable.

Multi-Disciplinary Team: A team that includes professionals representing the disciplines required for a holistic approach to meeting the needs of a client, as identified through the Assessment. At a minimum, a medical team for HIV care consists of the Medical Provider, Medical Case Manager, and Treatment Adherence Advocate.

Outreach/Case Finding: Activities that have as their principal purpose to identify individuals with HIV disease so that they may become enrolled in care and treatment services. Outreach activities should be coordinated with the local HIV prevention outreach program. Activities should be targeted to populations known to be at disproportionate risk; conducted at times and places where such individuals are likely to be reached; and be reportable and evaluated for effectiveness in getting new clients with HIV enrolled in care coordination and medical care.

Quality Assurance (QA): Refers to a broad spectrum of ongoing/continuous evaluation activities design to ensure compliance with minimum quality standards. An ongoing monitoring of services for compliance with the most recent Public Health Service (PHS) guidelines for the treatment of HIV disease and related opportunistic infections, and adherence to state and federal laws, rules, and regulations.

Quality Improvement (QI): Generally used to describe the ongoing monitoring, evaluation, and improvement process. It includes a client-driven philosophy and process that focuses on preventing problems and maximizing quality of care. This focus is a means for measuring improvement to access quality of HIV services.

Ryan White HIV/AIDS Treatment Extension Act of 2009: Passed by the U.S. Congress in 1990, the purpose of this federal act is to provide emergency assistance to communities that are most affected by the HIV epidemic and to make financial assistance available to state and other

public or private nonprofit entities. This assistance provides for the development, organization, coordination and operation of more effective and cost-efficient systems for the delivery of essential services to individuals and families with HIV disease.

Service Plan: A written plan that directs the activities of the client and the Medical Case Manager. The Service Plan delineates the case management goals and objectives required to coordinate and link the client to the continuum of health and support services required to manage his/her disease.

Service Planning: An ongoing interactive process with the clients, where problems are identified and prioritized. Identified problems are addressed through a planning process that includes the development of goals, assigned activities, and reporting outcomes. Clients and their support systems also have strengths that should be incorporated into Service Planning.

Shall: Indicates condition, action, etc. as mandatory and enforceable, unless an exception is granted and/or required under funding regulations and/or VDH discretion.

Should: Indicates accepted industry or professional practice standard and/or what is expected. May or may not be enforceable, but is subject to remediation.

Standard: An authoritative statement by which a profession describes the responsibilities, ethics, and behaviors for which its practitioners are accountable. A rule or basis of comparison in measuring or judging capacity, quantity, content, extent, value, and/or quality.

Therapy/Counseling: Therapy or counseling refers to professional mental health interventions aimed at reducing clinical symptoms that interfere with an individual's ability to meet the demands of daily life, and participate actively in his or her own health care. It falls outside the role of a Medical Case Manager to provide mental health therapy or counseling to clients. Referring clients to appropriate mental health resources, and facilitating access to those services is the appropriate role for the Medical Case Manager

Treatment Plan: A written plan of treatment and therapy developed by a medical provider.

USEFUL RYAN WHITE ABBREVIATIONS AND ACRONYMS:

ACA:	Affordable Care Act
ADA:	Americans with Disabilities Act
ADAP:	AIDS Drug Assistance Program
AETC:	AIDS Education and Training Center
ANAC:	Association of Nurses in AIDS Care
BS:	Bachelor of Science
BSW:	Bachelor of Social Work
CD4:	Cluster of Differentiation 4
CCM:	Certified Case Manager
DDP	Division of Disease Prevention
ED:	Emergency Department
GED:	General Educational Development
HIPAA:	Health Insurance Portability and Accountability Act
HCS	HIV Care Services
HS:	High School
LCSW:	Licensed Clinical Social Worker
LPC:	Licensed Professional Counselor
MAI:	Minority AIDS Initiative
MCM:	Medical Case Management
MSW:	Master of Social Work
NMCM:	Non-Medical Case Management
PLWHA:	People living with HIV/AIDS
QA:	Quality assurance
RN:	Registered Nurse
ROI:	Release of Information
RW:	Ryan White
SNAP:	Supplemental Nutrition Assistance Program
SSDI:	Social Security Disability Insurance
SSI:	Social Security Insurance
TANF:	Temporary Assistance for Needy Families
VDH:	Virginia Department of Health
VHARCC:	Virginia HIV/AIDS Research and Consultation Center
VL:	Viral load

APPENDIX B: TRAINING LOG TEMPLATE

Employee _____ Hire Date _____

Virginia Ryan White Part B
Medical Case Management Employee Training Log
(Attach Training Certificates to Log)

Date of Training	Name of Training <i>* Required Trainings (within one year of hire date)</i>	Number of Hours	Supervisor Signature
	*HIV Case Management Standards		
	*Cultural Competency		
	*HIV Disease Process, Treatment, Testing (i.e. “HIV 101”)		
	*Legal Issues/Considerations to Include Confidentiality, Counseling/Referral, and Prevention		
	Basic Case Management Concepts, principles and /or practice		
	Client-Centered Model of Case Management		

Client Intake/Eligibility Determination

<input type="checkbox"/> Intake or Annual Review Date Completed:	<input type="checkbox"/> 6 Month Review – Changes Date Completed:	<input type="checkbox"/> 6 Month Review – No Changes Date Completed:
Social Security number:	Age:	DOB:
Date of HIV Diagnosis:	Date of AIDS Diagnosis (if applicable):	

PERSONAL INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE INITIAL	OTHER NAMES USED
			<input type="checkbox"/> YES; <input type="checkbox"/> NO
STREET ADDRESS	CITY	STATE	ZIP
			OK to send mail
			<input type="checkbox"/> YES; <input type="checkbox"/> NO
MAILING ADDRESS, IF DIFFERENT	CITY	STATE	ZIP
			OK to send mail

()	<input type="checkbox"/> YES; <input type="checkbox"/> NO	GENDER:	<input type="checkbox"/> Male; <input type="checkbox"/> Female; <input type="checkbox"/> Transgender (M → F); <input type="checkbox"/> Transgender (F → M)
HOME PHONE #	OK to leave message		
()	<input type="checkbox"/> YES; <input type="checkbox"/> NO	ETHNICITY:	<input type="checkbox"/> Hispanic/Latino; <input type="checkbox"/> Non-Hispanic/Latino
CELL PHONE #	OK to leave message		
()	<input type="checkbox"/> YES; <input type="checkbox"/> NO	RACE:	<input type="checkbox"/> White/Caucasian; <input type="checkbox"/> Black/African American; <input type="checkbox"/> Asian; <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native; <input type="checkbox"/> Other
MESSAGE PHONE #	OK to leave message		
()	<input type="checkbox"/> YES; <input type="checkbox"/> NO	PRIMARY LANGUAGE:	
E-MAIL ADDRESS	OK to e-mail	Need interpreter including ASL	<input type="checkbox"/> YES; <input type="checkbox"/> NO

MEDICAL HEALTH INSURANCE:

<input type="checkbox"/> PRIVATE	<input type="checkbox"/> MEDICARE	<input type="checkbox"/> MEDICAID	<input type="checkbox"/> OTHER	<input type="checkbox"/> NO INSURANCE
Company: _____ ID #: _____ ACA Enrolled: _____ COBRA (end date): _____ Dental Insurance (name): _____	<input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part D; _____ <input type="checkbox"/> Enrolled in MPAP <input type="checkbox"/> Low income subsidy <input type="checkbox"/> Qual. Medicare Ben.	<input type="checkbox"/> HMO _____ <input type="checkbox"/> Standard (Blue & White Card) <input type="checkbox"/> Dual Eligible MCO: _____	<input type="checkbox"/> VA Benefits #: _____ <input type="checkbox"/> Champus #: _____ <input type="checkbox"/> _____ #: _____	Comments:

KEY CONTACTS:

EMERGENCY CONTACT	RELATIONSHIP	()	<input type="checkbox"/> YES; <input type="checkbox"/> NO
		PHONE NUMBER	AWARE OF HIV STATUS
PRIMARY CARE PHYSICIAN	()	PHARMACIST	()
	PHONE NUMBER		PHONE NUMBER
HIV SPECIALIST	()	OTHER AGENCY	()
	PHONE NUMBER		PHONE NUMBER

1

Client Name: _____ ID #: _____ CM Initial: _____

Date: _____

(Form Revised April 2014)

HOUSING FAMILY/DEPENDENT CHILDREN

Do you have dependent children (including children you are paying child support for):	<input type="checkbox"/> NO <input type="checkbox"/> YES
	If yes, how many:
	If yes, do they live with you? <input type="checkbox"/> NO; <input type="checkbox"/> YES

HOUSEHOLD MEMBERS:

NAMES	RELATIONSHIP	AGE	AWARE OF HIV STATUS	INCOME
			<input type="checkbox"/> YES; <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES; <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES; <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES; <input type="checkbox"/> NO	\$

ELIGIBILITY CATEGORY	DOCUMENTATION PRESENTED (Copies of all documentation are to be filed with this form and retained by the provider agency)	
HIV+ diagnosis Required only at intake. Check one:	<input type="checkbox"/> Lab test (viral load, Western Blot, etc.) sent from lab or physician <input type="checkbox"/> Documentation submitted from the healthcare provider who is providing medical care <input type="checkbox"/> Previously obtained/Is in client file.	
Verification of Identity Required annually (as long as document is not expired). Client must provide one of the following:	<input type="checkbox"/> Unexpired (all in column): <input type="checkbox"/> Virginia Driver License <input type="checkbox"/> Tribal ID <input type="checkbox"/> Virginia State ID card <input type="checkbox"/> Military ID <input type="checkbox"/> Passport <input type="checkbox"/> Student ID	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Citizenship/Naturalization <input type="checkbox"/> Student visa <input type="checkbox"/> Birth certificate <input type="checkbox"/> Virginia Learner's Permit or Temporary License <input type="checkbox"/> Other official document (list):
Verification of Residency Client must provide one of the following: (Documentation must include client's full legal name and match residential address on application.) (Required every 6 months for eligibility and documentation)	Tier 1 (one of the following) <input type="checkbox"/> Unexpired Virginia Driver License <input type="checkbox"/> Unexpired Tribal ID (current address) <input type="checkbox"/> Unexpired Virginia State ID <input type="checkbox"/> Utility Bill (cell phone bills not accepted) <input type="checkbox"/> Lease, rental, or mortgage agreement <input type="checkbox"/> Current property tax document <input type="checkbox"/> Residency Verification Form	Tier 2 (two of the following if none from Tier 1 available) <input type="checkbox"/> Current Virginia Voter Registration card (current address) <input type="checkbox"/> Letter from lease holding roommate ¹ <input type="checkbox"/> Copy of public assistance/ benefits document <input type="checkbox"/> Court Corrections Proof of Identity <input type="checkbox"/> Homeowner's association <input type="checkbox"/> Military/Veteran's Affairs <input type="checkbox"/> Virginia vehicle title or registration card <input type="checkbox"/> Other:

2	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised April 2014)
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¹ Must include the lease holder's name, address that matches the client's application, relationship to the client and lease holder's telephone number.

VERIFICATION OF INCOME

Current Client (If not, proceed with income verification below)

Type of Income	Person(s) Receiving Income	Monthly Gross Income	Annual Gross Income	Required Documentation
Work income (wages, tips, commissions, bonuses)				➤ 2 months current, consecutive paystubs or earnings statements for ALL jobs
Self-employment income				➤ Most recent quarterly tax returns or ➤ Business records for 3 consecutive months prior
Unemployment/ Disability benefits				➤ Compensations stubs or ➤ Award letter
Stocks, bonds, cash dividends, trust, investment income, royalties				➤ Documentation from financial institution showing income received, values, terms & conditions
Alimony/child support Foster care payments				➤ Benefit award letter or ➤ Official document showing amount received regularly
Pension or retirement income (not social security)				➤ Annual benefit statement
Social security retirement/survivor's benefit				➤ Annual benefit statement
Veterans benefits				➤ Benefit award letter
Social Security income (SSI/SSDI)				➤ Annual benefit statement or bank statement showing deposit
Public Assistance/TANF (not SNAP)				➤ Most recent payment statement or ➤ Benefit notice
Worker's Compensation or Sick Benefits				➤ Benefit award letter
Other Income:				➤ Document:
TOTAL		Monthly Total = \$	Annual Total = \$	

Family size: _____

Federal Poverty Level: _____

3

Client Name: _____ ID #: _____ CM Initial: _____ Date: _____
(Form Revised April 2014)

Does client have a payee?	<input type="checkbox"/> NO <input type="checkbox"/> YES
	If yes, Name: _____ Phone: _____

NO INCOME STATEMENT

I declare that my family and I have no income. I (we) get food, housing and clothing in the following ways:

I understand that I must tell my HIV case manager about any changes as part of the six month eligibility/recertification review. I understand that if I falsify or do not give complete information, my eligibility for Ryan White-funded services may be denied.

Client (or legal guardian) Signature

Today's date (day/month/year)

Additional Comments:

NO INCOME STATEMENT (6 Month Review)

I declare that my family and I have no income. I (we) get food, housing and clothing in the following ways:

I understand that I must tell my HIV case manager about any changes as part of the six month eligibility review. I understand that if I falsify or do not give complete information, my eligibility for Ryan White-funded services may be denied.

**Client (or legal guardian) Signature
(6 month review)**

**Today's date (day/month/year)
(6 month review)**

I know if the agency is not able to contact me, that after 90 days trying, I agree to the agency mailing me a Certified Letter to notify me of discharge from services.

Client (or legal guardian) Signature

Today's date (day/month/year)

4	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised April 2014)
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MEDICAL CASE MANAGEMENT REFERRAL:

A "Yes" answer to any of the following questions requires a referral to Medical Case Manager.

Are you newly diagnosed with HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you recently (within last 6 months) incarcerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you think your housing is unsafe or are you homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been unable to pay your rent, utilities, buy food, or pay for transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you uninsured or do you have unpaid medical bills that should have been covered previously by Ryan White (i.e., received bill in error, collection or past due notices)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any problems or delays in getting medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you missed any medical, mental health or substance abuse treatment appointments in the last three (3) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been out of medical care (for HIV) for 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you experienced any changes to your mental health in the last three (3) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had unprotected sex or shared needles in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are currently using drugs/ alcohol or tobacco products would you like assistance in seeking treatment or more information about how to stop using drugs/alcohol or stop smoking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to speak to a Medical Case Manager for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client answered "yes" to any of these questions, refer to a Medical Case Manager.

PLAN:

Referred to Medical Case Manager: _____ Date: _____

SIGNATURE and CREDENTIALS/TITLE: _____

DATE: _____

5	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised April 2014)
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VDH**HIV MEDICAL CASE MANAGEMENT PROGRAM
ASSESSMENT/RE-ASSESSMENT**

Client:	Client #:
Initial Assessment Date:	MCM Name:
Re-Assessment Date:	MCM Name:

HIV Status:**HIV Risk Factors** (check all that apply):

<input type="checkbox"/> HIV positive (not AIDS)	dx date:	<input type="checkbox"/> MSM <input type="checkbox"/> Heterosexual <input type="checkbox"/> IDU <input type="checkbox"/> Perinatal
<input type="checkbox"/> HIV positive (AIDS unknown)	dx date:	<input type="checkbox"/> Receipt of blood or tissue
<input type="checkbox"/> CDC-defined AIDS	dx date:	<input type="checkbox"/> Hemophilic coagulation disorder
<input type="checkbox"/> Unknown or not reported/identified		<input type="checkbox"/> Other:

Medical Care:

<input type="checkbox"/> None <input type="checkbox"/> Publicly-funded clinic or HD <input type="checkbox"/> Private practice <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> ER <input type="checkbox"/> Other

CARE PROVIDER CONTACT INFORMATION (name and phone#):

Primary Care Provider		()
HIV/AIDS Provider		()
Pharmacy		()
Dentist		()

Current Medication Profile:

Date Prescribed	Medication	Dose	Frequency	Route	Date d/c'd

1	Client Name:_____ ID #:_____ CM Initial:_____ Date:_____ (Form Revised April 2014)
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HIV Medication Adherence Assessment:☐ **No Change**

Is client currently taking antiretroviral medications? <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No
If no, why? <input type="checkbox"/> Not recommended <input type="checkbox"/> Does not want to take <input type="checkbox"/> Wants to/considering taking
If yes/sometimes, client's understanding of meds: <input type="checkbox"/> thorough <input type="checkbox"/> average <input type="checkbox"/> basic <input type="checkbox"/> confused
If yes/sometimes, who is responsible for ordering/picking up refills? <input type="checkbox"/> self <input type="checkbox"/> other: _____
If yes/sometimes, are:
<input type="checkbox"/> meds outdated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> meds prescribed by multiple providers? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> meds properly stored? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> meds borrowed from others? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes/sometimes, are meds taken on schedule every day/every time? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, number of missed doses in past week: _____ number of late doses in past week: _____
Possible reason(s) for late or missed doses (check all that apply): <u>Medication side effects</u> :
<input type="checkbox"/> dizziness <input type="checkbox"/> nausea <input type="checkbox"/> diarrhea <input type="checkbox"/> drowsiness <input type="checkbox"/> headache <input type="checkbox"/> other: _____

Barriers:

<input type="checkbox"/> depression/mental health	<input type="checkbox"/> complex medication regime
<input type="checkbox"/> substance use	<input type="checkbox"/> number of pills
<input type="checkbox"/> mental status changes	<input type="checkbox"/> size pills
<input type="checkbox"/> doubts medication effectiveness	<input type="checkbox"/> taste of medication
<input type="checkbox"/> lack of information	<input type="checkbox"/> eating habits (eg., loss of appetite)
<input type="checkbox"/> works outside the home	<input type="checkbox"/> lack of regular schedule
<input type="checkbox"/> caregiving responsibilities	<input type="checkbox"/> needs assistance with ADLs
<input type="checkbox"/> lack of social support	<input type="checkbox"/> undisclosed HIV status
<input type="checkbox"/> difficulty getting refills:	<input type="checkbox"/> other: _____

AVAILABILITY OF BASIC NEEDS (check if need assistance):☐ **No Change**

<input type="checkbox"/> Food; <input type="checkbox"/> Utilities; <input type="checkbox"/> Personal care/hygiene
<input type="checkbox"/> Access to food programs (describe): <input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> Safe childcare available (if needed): <input type="checkbox"/> NO <input type="checkbox"/> YES (describe)
<input type="checkbox"/> Other basic needs (describe):

HOUSING/LIVING ARRANGEMENT:☐ **No Change**

<input type="checkbox"/> Permanently housed: (describe)	
<input type="checkbox"/> Not permanently housed: (describe)	
<input type="checkbox"/> Type of housing:	<input type="checkbox"/> Rent home/apartment <input type="checkbox"/> Living with family <input type="checkbox"/> Own home <input type="checkbox"/> Transitional living facility/half-way house <input type="checkbox"/> Nursing Home/medical facility, etc. <input type="checkbox"/> Homeless, on street/in car <input type="checkbox"/> Homeless, in shelter <input type="checkbox"/> Homeless, living with others
Receiving housing assistance (HOPWA, public housing, Section 8):	
<input type="checkbox"/> At risk of losing current housing:	

2
Client Name: _____ ID #: _____ CM Initial: _____ Date: _____
(Form Revised April 2014)

<input type="checkbox"/> Concerns about current housing:	
<input type="checkbox"/> Needs help finding affordable housing or shelter:	

INSURANCE and OTHER COVERAGE: ☐ No Change

Have any type of insurance?	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Don't Know
If Yes, check all types that you currently have:	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare A/B <input type="checkbox"/> Medicare D <input type="checkbox"/> Private Insurance
<input type="checkbox"/> Other coverage:	
<input type="checkbox"/> Issues with understanding, navigating and using insurance benefits:	
<input type="checkbox"/> Needs help with health insurance enrollment:	

TRANSPORTATION: ☐ No Change

<input type="checkbox"/> If no problem with transportation, note "N/A":	
<input type="checkbox"/> Access to and funds for transportation (gas, bus pass, etc.):	
<input type="checkbox"/> Needs help arranging transportation (HandiRide, volunteer, etc.):	
Barriers to accessing transportation:	

EDUCATION: ☐ No Change

Highest grade completed in school:	
Degrees/certificates earned:	
Primary Language:	
Difficulty reading primary language: <input type="checkbox"/> NO <input type="checkbox"/> YES	Difficulty writing primary language: <input type="checkbox"/> NO <input type="checkbox"/> YES
Difficulty reading English: <input type="checkbox"/> NO <input type="checkbox"/> YES	Difficulty writing English: <input type="checkbox"/> NO <input type="checkbox"/> YES
Special education classes in school: <input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, what type:
Have you ever been told you have a Developmental Disability/Cognitive Impairment:	<input type="checkbox"/> NO <input type="checkbox"/> YES, specify:
If yes, are services in place <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NA	What services?

EMPLOYMENT/INCOME: ☐ No Change

Currently working/employed:	<input type="checkbox"/> NO <input type="checkbox"/> YES, If yes, employer/position:
Does client show up for work on a regular basis?	<input type="checkbox"/> NO <input type="checkbox"/> YES If no, what is reason:
Barriers to employment (check all that apply)	Give specifics:
<input type="checkbox"/> Health related issues	
<input type="checkbox"/> Fear of losing benefits	
<input type="checkbox"/> Applying for jobs	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Childcare needed	
<input type="checkbox"/> Education	
<input type="checkbox"/> Negative past experiences	
<input type="checkbox"/> Other	
Can client do the kinds of work done previously?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, what kinds of work?	

3	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Formed Revised April 2014)
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If no, what kinds of work is client interested in?	
Household income:	\$
Other Income:	<input type="checkbox"/> SSI/SSDI <input type="checkbox"/> VA Benefits <input type="checkbox"/> Child support <input type="checkbox"/> Other:

LEGAL ISSUES:
☐ No Change

Does client have:	<input type="checkbox"/> Trust <input type="checkbox"/> Will <input type="checkbox"/> Physician's Directive <input type="checkbox"/> Healthcare Power of Attorney <input type="checkbox"/> Living Will <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Guardian/Conservator for self/dependents
If Power of Attorney:	Name: Phone #:
Changes in legal status:	<input type="checkbox"/> Arrest(s) <input type="checkbox"/> Conviction(s) <input type="checkbox"/> Restraining order(s) <input type="checkbox"/> Parole/probations <input type="checkbox"/> Name change <input type="checkbox"/> Change in legal status of relationship like marriage, separation, or divorce Describe:

SOCIAL SUPPORT:
☐ No Change

Relationship (spouse, partner, parent, child, sibling, friend, relative, pet, other)	Aware of HIV Status?	Type of Support (Emotional/moral, financial, transportation, shelter, medical/adherence, none, other)	Signed Release?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMUNITY RESOURCES:
☐ No Change

Organization/Agency (church, support group, community based organization, shelter, treatment center, other)	Aware of HIV Status?	Services Provided (Support received such as transportation, shelter, financial, emotional, other)	Signed Release?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

SEXUAL HISTORY/RISK ASSESSMENT:
☐ No Change

Current spouse or partner:	
Is partner aware of client's HIV status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is client currently sexually active?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What makes it difficult for client and their partners to practice safer behaviors?:

<input type="checkbox"/> When sexually excited	<input type="checkbox"/> When think there's not much risk
<input type="checkbox"/> When feel angry or upset	<input type="checkbox"/> When partner pressures client to not use protection

4	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised April 2014)
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<input type="checkbox"/> When with a new partner	<input type="checkbox"/> When client not expecting to have sex
<input type="checkbox"/> When drinking or using drugs	<input type="checkbox"/> Hypersexual Disorder/addiction
<input type="checkbox"/> When feel bad about self	<input type="checkbox"/> Other:
Does client disclose HIV status to sexual partners?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does client have past or current experiences with sexually-transmitted infections in addition to HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does client have past or current experiences about potential trauma of sexual abuse/assault?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If not currently engaging in sex with partners, does client have a plan to keep him/herself and his/her partner safe if they were to become sexually active?	Describe:
Does client inject drugs with needles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does client needles for tattoos?	
Does client share needles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all needle-sharing partners been informed of client's HIV status?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How does client protect self and drug-using partners?	<input type="checkbox"/> Does not share needles; <input type="checkbox"/> Uses clean needles/works;
Does client have access to condoms, clean needles and other safe sex/risk reduction supplies?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What additional information does client request about risk reduction?	

SUBSTANCE USE/ADDICTION HISTORY AND SCREENING:

☐ **No Change**

Substance (use/abuse/addiction)	Use P = past; C = current	Amount	Frequency (daily/weekly/ monthly)	Duration (<1 yr; 1-2 yr; >2 yr)	Last Use (<1 mo; 1-6 mo; 6 mo-2 yr; >2 yr)	Problem for client? ✓ = yes	Wants treatment ✓ = yes
Gambling							
Nicotine (cigs/chew)							
Alcohol							
Marijuana							
Speed/Meth							
Cocaine/crack							
Heroin							
Hallucinogens							
Rx Medications							
Other							

PLAN:

Refer for substance abuse treatment: <input type="checkbox"/> Yes; <input type="checkbox"/> No	Comments/details/other:
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5	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised April 2014)
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MENTAL HEALTH SCREENING☐ **No Change**

Does client report history of mental health (MH) diagnosis? If yes, describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has client ever been prescribed medication for a MH condition? If yes, what conditions?:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is client taking medications for a MH condition <u>now</u> ? If yes, what medications?:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has client ever been hospitalized for a MH condition? If yes, describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does client report any of the following a problem <u>in the past year</u> ?	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Insomnia <input type="checkbox"/> Forgetfulness; <input type="checkbox"/> Delusions <input type="checkbox"/> Withdrawal/isolation <input type="checkbox"/> Dementia <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Other:	
How troubled has client been in the <u>past 3 months</u> with any of above listed problems?	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Considerably <input type="checkbox"/> Extremely	
Is client interested in mental health counseling, therapy or support group referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has client ever attempted to hurt self or others in past?	Specify:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does client have currently thoughts of hurting self or others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does client have a <u>specific</u> plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does client have the means to carry out the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	COMMENTS:	

If answered "yes" to any of last 3 questions, case manager must follow the agency emergency crisis protocol for appropriate response.

PLAN: Refer for Mental Health Assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments/details:	
Counseling/therapy/support group referral for client:	<input type="checkbox"/> Individual counseling <input type="checkbox"/> AA/NA <input type="checkbox"/> MSM group <input type="checkbox"/> HIV group <input type="checkbox"/> Prevention group <input type="checkbox"/> Anger Management <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Other:

Overall Assessment or Re-assessment Findings Summary

--

(Initial Assessment)
Medical Case Manager Signature: _____ **Date:** _____
(Re-Assessment)
Medical Case Manager Signature: _____ **Date:** _____

6	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised April 2014)
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RYAN WHITE MEDICAL CASE MANAGEMENT SERVICE PLAN (Rev. 2/2018)

Client Name		Date Service Plan Started (Initial/Annual)	
Client ID #		Date Service Plan Due to be Updated	
Medical Case Manager			
Baseline Acuity Points/Level:	Date	Updated Acuity Points/Level:	Date Updated Acuity completed:

Is this a reassessment for Acuity Level Three ☐ Yes ☐ No

Problem/Primary Barriers			
Access Caregiving responsibilities Child care Child welfare Communication Complex med. regime Dental care Difficulty w/ follow-through	Disability determination Discrimination Doubts med. effectiveness Education End of Life Services Financial Food Health Home support/placement	Household/personal needs Housing Insurance Lack of eligibility documentation Lacks a regular schedule Language Legal Medication adherence Medication side effects	Mental health/depression Social/emotional support Substance use Transportation Undisclosed HIV status Fear of HIV status disclosure Work-related issues Other

Prioritized Issues/Goals

Goal #	Planned Tasks/Action Steps	CM/CL	Target Date	Task completion date and Outcome

Client received / declined (circle one) a copy of this service plan on _____
Date
Client Initials

***Client's Statement and Agreement:** I have participated in the creation of this plan for my care. I understand that I take responsibility for MY plan in order for the plan to succeed. My case manager has explained to me what portions of the plan I am solely responsible for and those with which my case manager will assist me. I agree to follow all aspects of this plan and advise case manager if there are significant changes in my life that make it necessary to change this plan. I agree to stay in contact with case manager as planned.*

CLIENT SIGNATURE

MEDICAL CASE MANAGER SIGNATURE

DATE

DATE

MEDICAL CASE MANAGEMENT ACUITY SCALE

(check one level in each category – multiply number of checks by level number to calculate points per level)

If any of the following conditions apply, the acuity level is automatically 3 and the acuity must be reassessed in 90 days: ☐ Released from a correctional facility within the past 90 days ☐ Diagnosed with HIV in the last 180 days ☐ Currently homeless ☐ Pregnant

Life Area	1 (lowest)	2	3	4
Knowledge & understanding of HIV as a medical diagnosis, transmission, & medications	<input type="checkbox"/> Complete understanding of HIV disease process, transmission & medications	<input type="checkbox"/> Periodic education of client on HIV disease process, transmission, and/or medications	<input type="checkbox"/> Minimal knowledge of HIV, transmission, and/or medications	<input type="checkbox"/> No knowledge of HIV, transmission risks, and/or medications
Basic Needs	<input type="checkbox"/> Client is able to meet own basic needs. Client is able to access community assistance on their own as needed.	<input type="checkbox"/> Occasional help to access assistance	<input type="checkbox"/> Difficulty accessing assistance. Often w/o basics.	<input type="checkbox"/> Has limited access to food. Without most basic needs.
Transportation	<input type="checkbox"/> Has reliable transportation. Is able to cover costs of transportation. Bus tickets.	<input type="checkbox"/> Needs occasional assistance < 2 times per year, Ride arrangement needed	<input type="checkbox"/> No means. Under or un-served area for public transportation. Needs assistance 3-6 times per year.	<input type="checkbox"/> Serious impact on access to medical care. Needs assistance > 7 times per year.
Health Insurance/medical care coverage	<input type="checkbox"/> Has own medical insurance and payer. Able to access medical care.	<input type="checkbox"/> Enrolled in medical care benefits program. Needs occasional assistance accessing medical care < 2 times per year.	<input type="checkbox"/> Needs referral to access insurance or medical care benefits program. No medical crisis. Needs assistance accessing medical care 3-6 times per year.	<input type="checkbox"/> Needs immediate assistance to access insurance or medical care benefits program. Medical crisis. Does not have access to medical care.
Self sufficiency	<input type="checkbox"/> Independent. Can follow-up on referrals and can access services.	<input type="checkbox"/> Sometimes requires assistance in follow-up and completing forms.	<input type="checkbox"/> Difficulty with follow-up, completing forms and accessing services.	<input type="checkbox"/> Never follows-up, unable to complete forms, burns bridges.
Housing/Living arrangement	<input type="checkbox"/> Living in clean, habitable, stable housing. Does not need assistance.	<input type="checkbox"/> Stable housing subsidized or not. Occasionally needs assistance with paying for housing <2 times per year.	<input type="checkbox"/> Unstable housing subsidized or not. Housing subsidy violation or eviction imminent. Frequently accesses housing assistance 3-6 times per year.	<input type="checkbox"/> Unable to live independently. Recently evicted. Homeless. Temporary housing. Accesses assistance > 7 times per year.

1

Client Name: _____ ID #: _____ CM Initial: _____ Date: _____
(Form Revised April 2014)

Risk Behavior	<input type="checkbox"/> Understand risks & practices harm reduction behavior.	<input type="checkbox"/> Poor understanding of risk and no exposure to high risk situations. Risks explained but continue to engage in risky behaviors.	<input type="checkbox"/> Has poor knowledge and/or occasionally engages in risky behaviors.	Lacks knowledge and/or engages in significant risky behaviors.
Substance Use	<input type="checkbox"/> No difficulties with substance use. No need for referral.	<input type="checkbox"/> Past problems- less than 1 yr. recovery, recurrent problems. Not impacting ability to pay bills or health.	<input type="checkbox"/> Current substance use – willing to seek help. Impacts ability to pay bills and access to medical care.	<input type="checkbox"/> Current substance use – not willing to seek help. Unable to pay bills or maintain medical care because of addiction.
Dental	<input type="checkbox"/> Has own medical insurance and payer. Able to access dental care.	<input type="checkbox"/> Aware of dental services offered and requires assistance accessing dental care < 2 times per year, Referral needed.	<input type="checkbox"/> Needs information and referral to access dental services. No dental crisis. Needs information or education on dental services available.	<input type="checkbox"/> Needs immediate assistance to access dental care benefits program. Dental crisis. Does not have access to dental care.
Mental Health	<input type="checkbox"/> No history of mental health problems. No need for referral	<input type="checkbox"/> Past problems and/or reports current difficulties/ stress – is functioning or already engaged in mental health care.	<input type="checkbox"/> Experiencing severe difficulty in day-to-day functioning. Requires significant support. Needs referral to mental health care.	<input type="checkbox"/> Danger to self or others, needs immediate intervention. Needs but not accessing therapy.
Points Per Level				
Total Points:				

(Initial Assessment)

Medical Case Manager Signature: _____ **Date:** _____

(Initial Assessment)

Client Signature: _____ **Date:** _____

2	Client Name: _____ ID #: _____ CM Initial: _____ Date: _____ (Form Revised April 2014)
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APPENDIX C: KEY CONCEPTS FOR HIV CASE MANAGEMENT

Successful application of the RW Part B-funded HIV case management model in Virginia requires the implementation of three concepts: the client-centered approach, chronic disease management, and a multidisciplinary team. The information in this section provides a reference on these topics.

CLIENT-CENTERED APPROACH TO HIV CASE MANAGEMENT

The client-centered model is based on the key ingredients of a helping relationship: empathy, respect, and genuineness. The fundamental tenet of the approach is that all people have an inherent tendency to strive toward growth, self-actualization, and self-direction. A client-centered approach places the needs, values, and priorities of the client as the central core around which all interaction and activity revolve. Understanding how the client perceives his/her own needs, resources, and priorities for utilizing services is essential if the relationship is truly going to be client-centered.

Each client has the right to personal choice, though these choices may conflict with reason, practicality, or the case management team's professional judgment. The issue of valuing a client's right to personal choice is a relatively simple matter when the case management team and client's priorities are compatible. It is when there is a difference between the priorities that the case management team must make a diligent effort to distinguish between their own values and judgments and those of their client. One of the most difficult challenges for a member of the case management team is to see their client making a choice that may result in negative outcomes, and which opposes the case management team's best counsel. In these situations, however, the case management team must respect the client's autonomy and be willing to let the client make decisions and act on them accordingly; the exception is if the client is planning to harm him/herself or others. The team can underscore the goal of further counseling, including peer referrals, to support the client as much as possible. Maintaining a positive relationship will keep lines of communication open, as well as the opportunity for Case Managers to continue supporting the client achievement of greater self-reliance and self-determination.

It is the HIV case management team's responsibility to:

- Offer accurate information to the client;
- Assist the client in understanding the implications of the issues facing him/her, and of the possible outcomes and consequences of decisions;
- Present options to the client from which he/she may select a course of action or inaction; and
- Offer direction when it is asked for, or when necessary to avoid clients harming themselves or others.

CHRONIC DISEASE MANAGEMENT

Chronic disease management is an approach to health care that involves supporting individuals to maintain independence and stay as healthy as possible through early detection and effective management of chronic conditions to prevent deterioration, reduce risk of complications, prevent associated illnesses and enable people living with chronic conditions to have the best possible

quality of life. A client's ability to follow medical advice, accommodate lifestyle changes, and access appropriate support are all factors that influence successful management of an ongoing illness.

PLWHA need support and information to become effective managers of their own health. Chronic conditions require not only medical interventions, but also behavioral intervention as well. Clients with chronic conditions such as HIV/AIDS play a large role in managing their health. Each client is at a different place in the process, and appropriate interventions are driven, largely by each client's desired outcomes. In order to meet these needs, it is essential for clients to have the following:

- Basic information about HIV/AIDS disease and its treatment;
- Understanding of and assistance with self-management skill building; and
- Ongoing support from members of the health care/case management team, family, friends, and community.

Improving the health of people with chronic illness requires transforming a health care system that primarily responds when a person is sick and/or in crisis to one that is proactive and focused on keeping a person as healthy as possible. This requires not only determining what care is needed, but also clarifying roles and tasks in a structured, strategic way to ensure that everyone understands each person's role as part of the client's care team. It also requires making coordinated follow-up a part of standard procedure, so clients are not left on their own once they leave the doctor's or Case Manager's office. More complex clients need more intensive case management for a longer period to optimize the clinical care, the effectiveness of their treatment regimen and their self-management behavioral skills.

Effective self-management support is not telling clients what to do. It is acknowledging the clients' central role in their care, one that fosters a sense of responsibility for their own health. It includes the use of proven programs that provide basic information, emotional support, and strategies for living with chronic illness. Self-management, however, cannot begin and end with a class. Using a collaborative approach, Case Managers and clients work together to define problems, set priorities, establish goals, create care plans and solve problems along the way. The key principles of chronic disease management and client self-management are:

- Emphasis on the client's role;
- Standardized assessment;
- Effective, evidence-based interventions;
- Care planning (goal-setting) and problem solving; and
- Active, sustained follow-up.

A MULTI-DISCIPLINARY HIV CASE MANAGEMENT TEAM

An HIV case management team provides formal and professional services which link clients with chronic conditions and multiple service needs to a continuum of medical and supportive services. Case management teams incorporate case management activities provided by medical services (nursing), psychosocial, and social work professionals with access to care, outreach, information and referral, eligibility determination, and benefits counseling activities to ensure that clients with complex needs receive timely, coordinated services to successfully navigate a complex network of health and human services for successful disease management. The HIV Medical Case Manager assesses the medical needs of the client, the client's family, and the client's support system, and arranges, coordinates, monitors, evaluates and advocates for access to core medical services to meet the specific client's complex needs.

The first and highest priority of all HIV case management systems must be to ensure that PLWHA are enrolled and retained in coordinated health care for HIV disease that optimizes their health and well-being.



HIV/AIDS Bureau Performance



Performance Measure: HIV Viral Load Suppression

National Quality Forum #: 2082

Description:	Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year
Numerator:	Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
Patient Exclusions:	None
Data Elements:	<ol style="list-style-type: none">1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)<ol style="list-style-type: none">a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N)<ol style="list-style-type: none">i. If yes, did the patient have a HIV viral load test with a result <200 copies/mL at the last test? (Y/N)

Comparison Data:

National HIVQUAL: Percentage of patients on ART for a minimum of 12 weeks with one visit in each six month period of the review period who are considered suppressed as derived from the last recorded viral load of the review period; suppressed defined as the viral load is <200 copies/mm³ TP³ OT1T (either detectable or undetectable) OR <400 copies/mm³ TP³ (and undetectable) ([eHIVQUAL](#) and [National Quality Center](#))

The National HIVQUAL reported median as: 79.5% in 2007, 81.8% in 2008, and 82% in 2011. Top 25% viral load suppression rates were 85.7% in 2007, 89.9% in 2009, and 78% in 2011. [in+care Campaign](#): Percentage of patients, over the age of 24 months, with a diagnosis of HIV/AIDS with a viral load less than 200 copies/ml at last viral load test during the measurement year. The in+care Campaign reported the mean percentage as: 70% in 2011, 72% in 2012, and 72% in 2013. Top 25% viral load suppression rates were 82% in 2011, 64% in 2012, and 85% in 2013.

[HIV Research Network](#): Percentage of patients with a HIV viral load less than or equal to 400 copies/ml at the first test during the measurement year. As reported by the HIV Research Network, the mean percentage of adult patients was: 66% in 2010, 69% in 2011, and 77% in 2012. The HIV Research Network reported the mean percentage of pediatrics as: 62% in 2010, 65% in 2011, and 65% in 2012.



HIV/AIDS Bureau Performance



U.S. Department of Health & Human Services Guidelines:

Adult guidelines: “For the purposes of clinical trials, the AIDS Clinical Trials Group (ACTG) currently defines virologic failure as a confirmed viral load >200 copies/mL, which eliminates most cases of apparent viremia caused by blips or assay variability. This definition also may be useful in clinical practice (see [Virologic and Immunologic Failure](#)).

For most individuals who are adherent to their antiretroviral (ARV) regimens and who do not harbor resistance mutations to the prescribed drugs, viral suppression is generally achieved in 12 to 24 weeks, although it may take longer in some patients.”¹

Pediatric guidelines: ² “Based on accumulated experience with currently available assays, viral suppression is currently defined as an HIV RNA level below the detection limit of the assay used (generally <20–75 copies/ml).”

Use in Other Federal Programs:

- Seeking inclusion in the following [Centers for Medicare and Medicaid Services](#) quality, reporting and payment programs: Medicare and Medicaid EHR Incentive Program for Eligible Professionals, Medicare Physician Quality Reporting System, Medicare Shared Savings, Physician Compare, Physician Feedback/Quality and resource Use Reports, Physician Value-Based Payment Modifier (search for each program at online.) Accessed December 2016.
- U.S. Department of Health and Human Services HIV measures: [Secretary Sebelius approves indicators for monitoring HHS-funded HIV services](#)
- [In+care Campaign](#)

References/ Notes:

¹ [Panel on Antiretroviral Guidelines for Adults and Adolescents](#). Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available online. Accessed March 1, 2017. (Page 28)

² [Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children](#). Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available online. Accessed March 1, 2017. (Page 100)



HIV/AIDS Bureau Performance



Performance Measure: Prescription of HIV Antiretroviral Therapy

National Quality Forum #: 2083

Description:	Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy ¹ for the treatment of HIV infection during the measurement year
Numerator:	Number of patients from the denominator prescribed HIV antiretroviral therapy ¹ during the measurement year
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
Patient Exclusions:	None
Data Elements:	1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the patient have at least one medical visit during the measurement year? (Y/N) i. If yes, was the patient prescribed HIV antiretroviral therapy ¹ during the measurement year? (Y/N)

Comparison Data:

HIV Research Network: Percentage of patients on highly active HIV antiretroviral therapy regimen for at least one day during calendar year. The HIV Research Network reported the mean percentage of adult patients as: 86% in 2010, 88% in 2011, 91% in 2012. The HIV Research Network reported the mean percentage of pediatrics patients as: 82% in 2010, 85% in 2011, and 87% in 2012.

U.S. Department of Health & Human Services Guidelines:

Adult guidelines: ² “Antiretroviral therapy (ART) is recommended for all HIV-infected individuals to reduce the risk of disease progression.

The strength and evidence for this recommendation vary by pretreatment CD4 cell count: CD4 count <350 cells/mm³ (AI); CD4 count 350–500 cells/mm³ (AII); CD4 count >500 cells/mm³ (BIII).

ART also is recommended for HIV-infected individuals for the prevention of transmission of HIV.

The strength and evidence for this recommendation vary by transmission risks: perinatal transmission (AI); heterosexual transmission (AI); other transmission risk groups (AIII).”

Pediatric guidelines: ³

- “Antiretroviral therapy (ART) should be initiated in all children with AIDS or significant symptoms (Clinical Category C or most Clinical Category B conditions) (AI*).
- ART should be initiated in HIV-infected infants <12 months of age regardless of clinical status, CD4 percentage or viral load (AI for infants <12 weeks of age and AII for infants ≥12 weeks to 12 months).
- ART should be initiated in HIV-infected children ≥1 year who are asymptomatic or have mild symptoms with the following CD4 values:



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- Age 1 to <3 years
 - with CD4 T lymphocyte (CD4 cell) count $<1000 \text{ cells/mm}^3$ or CD4 percentage $<25\%$ (AII)
- Age 3 to <5 years
 - with CD4 cell count $<750 \text{ cells/mm}^3$ or CD4 percentage $<25\%$ (AII)
- Age ≥ 5 years
 - with CD4 cell count $<350 \text{ cells/mm}^3$ (AI*)
 - with CD4 cell count $350\text{--}500 \text{ cells/mm}^3$ (BII*)
- ART should be considered for HIV-infected children ≥ 1 year who are asymptomatic or have mild symptoms with the following CD4 values:
 - Age 1 to <3 years
 - with CD4 cell count $\geq 1000 \text{ cells/mm}^3$ or CD4 percentage $\geq 25\%$ (BIII)
 - Age 3 to <5 years
 - with CD4 cell count $\geq 750 \text{ cells/mm}^3$ or CD4 percentage $\geq 25\%$ (BIII)
 - Age ≥ 5 years
 - with CD4 cell count $>500 \text{ cells/mm}^3$ (BIII)

In children with lower-strength (B level) recommendations for treatment, plasma HIV RNA levels $>100,000$ copies/mL provide stronger evidence for initiation of treatment (BII)."

Use in Other Federal Programs:

- Seeking inclusion in the following [Centers for Medicare and Medicaid Services](#) quality, reporting and payment programs: Medicare and Medicaid EHR Incentive Program for Eligible Professionals, Medicare Physician Quality Reporting System, Medicare Shared Savings, Physician Compare, Physician Feedback/Quality and resource Use Reports, Physician Value-Based Payment Modifier (search for each program online). Accessed December 28, 2016.
- U.S. Department of Health and Human Services HIV measures: [Secretary Sebelius approves indicators for monitoring hhs-funded HIV services](#)

References/ Notes:

¹HIV antiretroviral therapy is described as the prescription of at least one U.S. Food and Drug Administration approve HIV antiretroviral medication.

²Panel on Antiretroviral Guidelines for Adults and Adolescents. [Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents](#). U.S. Department of Health and Human Services. Available online. Accessed December 28, 2016. E-1 (Page 47)

³[Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children](#). Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available online.



HIV/AIDS Bureau Performance



Performance Measure: HIV Medical Visit Frequency

National Quality Forum #: 2079

Description:	Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits
Numerator:	Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period
Patient Exclusions:	Patients who died at any time during the 24-month measurement period
Data Elements:	<ol style="list-style-type: none">1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N)<ol style="list-style-type: none">a. If yes, did the patient have at least one medical visit in the <u>first</u> 6 months of the 24-month measurement period? (Y/N)<ol style="list-style-type: none">i. If yes, did the patient have at least one medical visit in the <u>second</u> 6-month period of the 24-month measurement period? AND was the patient's last visit in the second 6-month period 60 days or more from the 1st visit in the first 6-month period? (Y/N)<ol style="list-style-type: none">1. Did the patient have at least one medical visit in the <u>third</u> 6-month period of the 24-month measurement period? AND was the patient's last visit in the third 6-month period 60 days or more from the 1st visit in the second 6-month period? (Y/N)<ol style="list-style-type: none">a. If yes, did the patient have at least one medical visit in the <u>fourth</u> 6-month period of the 24-month measurement period? AND was the patient's last visit in the fourth 6-month period 60 days or more from the 1st visit in the third 6-month period? (Y/N)



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Comparison Data:

in+care Campaign: Percentage of HIV patients, regardless of age, who had at least one medical visit with a provider with prescribing privileges in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits were reported in the following context. [The in+care Campaign](#) reported the mean percentage as: 63% for 2011, 65% for 2012, and 69% for 2013. Top 25% reported as: 85% for 2011, 88% for 2012, and 90% for 2013.

U.S. Department of Health & Human Services Guidelines:

Adult guidelines: ¹ “A number of laboratory tests are important for initial evaluation of HIV-infected patients upon entry into care, during follow-up (if antiretroviral therapy (ART) has not been initiated), and before and after the initiation or modification of therapy to assess virologic and immunologic efficacy of ART and to monitor for laboratory abnormalities that may be associated with antiretroviral (ARV) drugs. Table 3 outlines the Panel’s recommendations for the frequency of testing. As noted in the table, some tests may be repeated more frequently if clinically indicated.”

Pediatric guidelines: ² “Frequent patient visits and intensive follow-up during the initial months after a new antiretroviral (ARV) regimen is started are necessary to support and educate the family...Thus, it is prudent for clinicians to assess children within 1 to 2 weeks of initiating therapy, either in person or with a phone call, to ensure that medications are being administered properly and evaluate clinical concerns. Many clinicians schedule additional contact (in person or over the telephone) with children and their caregivers during the first few weeks of therapy to support adherence...Thereafter, medication adherence and regimen toxicity and effectiveness should be assessed every 3 to 4 months in children taking ARV drugs. Some experts monitor CD4 cell counts and HIV RNA levels less frequently in children and youth who are adherent to therapy and have sustained viral suppression and stable clinical status for more than 2 to 3 years.”

Use in Other Federal Programs:

- Seeking inclusion in the following [Centers for Medicare and Medicaid Services](#) quality, reporting and payment programs: Medicare and Medicaid EHR Incentive Program for Eligible Professionals, Medicare Physician Quality Reporting System, Medicare Shared Savings, Physician Compare, Physician Feedback/Quality and resource Use Reports, Physician Value-Based Payment Modifier (search for each program online).
- U.S. Department of Health and Human Services HIV measures: [Secretary Sebelius approves indicators for monitoring hhs-funded HIV services](#)
- [In+care Campaign](#)



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References/ Notes:

- ¹ [Panel on Antiretroviral Guidelines for Adults and Adolescents](#). Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available online. Accessed December 2016. C-2 –C-5. (Pages 22- 25)
- ² [Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children](#). Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available online. Accessed December 2016. H-1; H-2. (Pages 99-100)

Performance Measure: Gap in HIV Medical Visits National

Quality Forum #: 2079

Description:	Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year
Numerator:	Number of patients in the denominator who did not have a medical visit in the last 6 months of the measurement year
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year
Patient Exclusions:	1. Patients who died at any time during the measurement year
Data Elements:	1. Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the patient have at least one medical visit in the first 6 months of the measurement year? (Y/N) i. If yes, did the patient have one or more medical visits in the last 6 months of the measurement year?

Comparison Data:

[in+care Campaign](#): Percentage of HIV patients, regardless of age, who did not have a medical visit with a provider with prescribing privileges in the last 180 days of the measurement year. The in+care Campaign reported the mean as: 16% in 2011, 15% in 2012, 14% in 2013. Top 25% reported as: 6% in 2011, 6% in 2012, and 5% in 2013.

U.S. Department of Health & Human Services Guidelines:

Adult guidelines: ¹ “A number of laboratory tests are important for initial evaluation of HIV-infected patients upon entry into care, during follow-up (if antiretroviral therapy (ART) has not been initiated), and before and after the initiation or modification of therapy to assess virologic and immunologic efficacy of ART and to monitor for laboratory abnormalities that may be associated with antiretroviral (ARV) drugs. [Table 3](#) outlines the Panel’s recommendations for the frequency of testing. As noted in the table, some tests may be repeated more frequently if clinically indicated.”



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Pediatric guidelines:² “Frequent patient visits and intensive follow-up during the initial months after a new antiretroviral (ARV) regimen is started are necessary to support and educate the family...Thus, it is prudent for clinicians to assess children within 1 to 2 weeks of initiating therapy, either in person or with a phone call, to ensure that medications are being administered properly and evaluate clinical concerns. Many clinicians schedule additional contact (in person or over the telephone) with children and their caregivers during the first few weeks of therapy to support adherence...Thereafter, medication adherence and regimen toxicity and effectiveness should be assessed every 3 to 4 months in children taking ARV drugs. Some experts monitor CD4 cell counts and HIV RNA levels less frequently in children and youth who are adherent to therapy and have sustained viral suppression and stable clinical status for more than 2 to 3 years.”

Use in Other Federal Programs:

- Seeking inclusion in the following [Centers for Medicare and Medicaid Services](#) quality, reporting and payment programs: Medicare and Medicaid EHR Incentive Program for Eligible Professionals, Medicare Physician Quality Reporting System, Medicare Shared Savings, Physician Compare, Physician Feedback/Quality and resource Use Reports, Physician Value-Based Payment Modifier (search for each program online).
- [In+care campaign](#)

References/ Notes:

¹[Panel on Antiretroviral Guidelines for Adults and Adolescents](#). Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Accessed December 2016. C-2 –C-5. (pages 22-25)

²[Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children](#). Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Available online. Accessed December 2016. H-1; H-2. (pages 99-100)



HIV/AIDS Bureau Performance Measures



Performance Measure: Pneumocystis jiroveci Pneumonia (PCP)

Prophylaxis^{P1} National Quality Forum #: 405

Description:	Percentage of patients aged 6 weeks or older with a diagnosis of HIV/AIDS, who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis (Use the numerator and denominator that reflect patient population.)
Numerator:	<p><i>Numerator 1:</i> Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm³</p> <p><i>Numerator 2:</i> Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 500 cells/mm³ or a CD4 percentage below 15%</p> <p><i>Numerator 3:</i> Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis at the time of HIV diagnosis</p> <p><i>Aggregate Numerator=</i> The sum of the three numerators</p>
Denominator:	<p><i>Denominator 1:</i> All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm³, who had at least two visits during the measurement year, with at least 90 days in between each visit;</p> <p style="text-align: center;">and</p> <p><i>Denominator 2:</i> All patients aged 1 through 5 years of age with a diagnosis of HIV/AIDS and a CD4 count below 500 cells/mm³ or a CD4 percentage below 15%, who had at least two visits during the measurement year, with at least 90 days in between each visit;</p> <p style="text-align: center;">and</p> <p><i>Denominator 3:</i> All patients aged 6 weeks through 12 months with a diagnosis of HIV, who had at least two visits during the measurement year, with at least 90 days in between each visit</p> <p><i>Total Denominator =</i> The sum of the three denominators</p>
Patient Exclusions:	<p>Denominator 1 Exclusion: Patient did not receive PCP prophylaxis because there was a CD4 count above 200 cells/mm³ during the three months after a CD4 count below 200 cells/mm³</p> <p>Denominator 2 Exclusion: Patient did not receive PCP prophylaxis because there was a CD4 count above 500 cells/mm³ or CD4 percentage above 15% during the three months after a CD4 count below 500 cells/mm³ or CD4 percentage below 15%</p>



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Data Elements:

Numerator/Denominator 1:

1. Is the patient 6 years or older and have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least two medical visits in the measurement year with at least 90 days between visits? (Y/N)
 - i. If yes, did the patient have a CD4 count <200 cells/mm³ within the first 9 months of the measurement year? (Y/N)
 1. If yes, was PCP prophylaxis prescribed within 3 months of CD4 <200 cells/mm³? (Y/N)
 - a. If no, was the CD4 count repeated within 3 months? (Y/N)
 - i. If yes, did CD4 count remain <200 cells/mm³? (Y/N)
 1. If yes, was PCP prophylaxis prescribed within 3 months of CD4 <200 cells/mm³? (Y/N)

Numerator/Denominator 2:

1. Is the patient between 1-5 years old and have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least two medical visits in the measurement year with at least 90 days between visits? (Y/N)
 - i. If yes, did the patient have a CD4 count <500 cells/mm³ or CD4 percentage $<15\%$ within the first 9 months of the measurement year? (Y/N)
 1. If yes, was PCP prophylaxis prescribed within 3 months of CD4 <200 cells/mm³? (Y/N)
 - a. If no, was the CD4 count repeated within 3 months? (Y/N)
 - i. If yes, did it remain CD4 count <500 cells/mm³ or CD4 percentage $<15\%$? (Y/N)
 1. If yes, was PCP prophylaxis prescribed within 3 months of CD4 count <500 cells/mm³ or CD4 percentage $<15\%$? (Y/N)

Numerator/Denominator 3:

1. Is the patient between 6 weeks and 12 months old and have a diagnosis of HIV? (Y/N)
 - a. If yes, did the patient have at least two medical visits in the measurement year with at least 90 days between visits? (Y/N)
 - i. If yes, was PCP prophylaxis prescribed at HIV diagnosis?

***Greater measure specification detail is available including data elements for each value set at [Centers for Medicare & Medicaid Services: eCQM Library](#) (Measure: CMS 52v5)



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Comparison Data:

National HIVQUAL: Percentage of adult patients with at least one clinical visit in each six month period of the review period with one or more CD4 counts recorded as <200 copies/mm³ during the review period who were prescribed prophylactic therapy ([eHIVQUAL](#) and [National Quality Center](#)). The National HIVQUAL reported the mean as: 86.8% in 2007, 71% in 2009, and 80% in 2011.

HIV Research Network: Patients meeting criteria and prescribed PCP prophylaxis during calendar year. The [HIV Research Network](#) reported the mean percentage of adults as: 92% in 2010, 93% in 2011, 90% in 2012. The HIV Research Network reported the mean percentage of pediatric as: 88% in 2010, 86% in 2011, and 90% in 2012.

U.S. Department of Health & Human Services Guidelines:

Adult guidelines: ² “HIV-infected adults and adolescents, including pregnant women and those on ART, should receive chemoprophylaxis against PCP if they have CD4 counts <200 cells/mm³ (AI) or a history of oropharyngeal candidiasis (AII). Persons who have a CD4 cell percentage of $<14\%$ or a history of an AIDS-defining illness, but who do not otherwise qualify, should be considered for prophylaxis (BII).”

Pediatric guidelines: ³ “Chemoprophylaxis is highly effective in preventing PCP. Criteria for its use are based on the patient’s age and CD4 count or percentage (AII). Prophylaxis is recommended for all HIV-infected children aged >6 years who have CD4 counts <200 cells/mm³ or CD4 $<15\%$, for children aged 1–5 years with CD4 counts of <500 cells/mm³ or CD4 $<15\%$, and for all HIV-infected infants aged <12 months regardless of CD4 count or percentage.

“Infants born to HIV-infected mothers should be considered for prophylaxis beginning at 4–6 weeks of age. HIV-infected infants should be administered prophylaxis until 1 year of age, at which time they should be reassessed on the basis of the age-specific CD4 count or percentage thresholds mentioned above (AII).”

Use in Other Federal Programs:

Medicare and Medicaid EHR Incentive Program for Eligible Professionals
[Centers for Medicare & Medicaid Services: eCQM Library](#)



HIV/AIDS Bureau Performance



References/ Notes:

¹ The HIV/AIDS Bureau did not develop this measure. The [National Committee on Quality Assurance](#) developed the measure. Measure details available online.

² [Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents](#). Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available online . Accessed December 2016.

³ [Centers for Disease Control and Prevention. Guidelines for the Prevention and Treatment of Opportunistic Infections Among HIV-Exposed and HIV-Infected Children](#). MMWR 2009; 58 (No. RR-11): 47.

Available at: [AIDSinfo. Guidelines for the Prevention and Treatment of Opportunistic Infections Among HIV-Infected Children](#). Accessed December 2016.

Common Indicators for HHS-funded HIV Programs and Services

Measure	Numerator	Denominator
HIV positivity	Number of HIV positive tests in the 12-month measurement period	Number of HIV tests conducted in the 12-month measurement period
Late HIV diagnosis	Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period	Number of persons with an HIV diagnosis in the 12-month measurement period
Linkage to HIV Medical Care	Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis	Number of persons with an HIV diagnosis in 12-month measurement period
Retention in HIV Medical Care	Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between the first medical visit in the prior 6 month period and the last medical visit in the subsequent 6 month period	Number of persons with an HIV diagnosis with at least one HIV medical care visit in the first 6 months of the 24-month measurement period
Antiretroviral Therapy (ART) Among Persons in HIV Medical Care	Number of persons with an HIV diagnosis who are prescribed ART in the 12-month measurement period	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period
Viral Load Suppression Among Persons in HIV Medical Care	Number of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12-month measurement period	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period
Housing Status	Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period	Number of persons with an HIV diagnosis receiving HIV services in the last 12 months

